

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4591 63-032154

FILED SEP 11 1963

|                     |              |  |
|---------------------|--------------|--|
| VS 300<br>Rev. 4/59 | DATE AMENDED | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS<br>INSTEAD OF |
| 1                   |              |  |
| 2 7083              |              |  |
| 3                   |              |  |
| 4 0                 |              |  |
| 5 1                 |              |  |
| 6                   |              |  |
| 7 0                 |              |  |
| 8 2                 |              |  |
| 9 20.1              |              |  |
| 10                  |              |  |
| 11                  |              |  |
| 12 92-3             |              |  |
| 13                  |              |  |
| BY AFFIDAVIT OF     | SHOULD READ  | ITEM NO.   |

DOCUMENT

|   |                               |  |  |
|---|-------------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u><br>b. CITY (if outside corporate limits, give TOWNSHIP only) <u>KANSAS CITY</u><br>c. FULL NAME OF (if NOT in hospital, give location) <u>D.O.A. ST. LUKES HOSP.</u>  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u><br>c. CITY OR TOWN <u>RAYTOWN</u><br>d. STREET ADDRESS: (If outside, give location) <u>9817 E. 67TH TERRACE</u> |  |
| 3. NAME OF DECEASED (Type or print) <u>LAWRENCE SYLVESTER BREWER</u><br>First Middle Last   |                               | 4. DATE OF DEATH <u>AUG. 16 1963</u><br>Month Day Year   |  |
| 5. SEX <u>MALE</u>  | 6. COLOR OR RACE <u>WHITE</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>  | 8. DATE OF BIRTH <u>5-3-1905</u><br>Month Day Year |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DRIVER</u>   |                               | 11. BIRTHPLACE (City and state or country) <u>ROSENDALE MISSOURI</u>   |  |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>HEAVY LOADING &amp; CONSTRUCTION</u>   |                               | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>  |  |
| 13a. FATHER'S NAME <u>ELSWORTH BREWER</u>   |                               | 13b. MOTHER'S MAIDEN NAME <u>DELIA UNKNOWN</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR II</u>  |                               | 16. SOCIAL SECURITY NO. <u>9817 E. 67TH TERR. RAYTOWN, MO.</u>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u><br>DUE TO (b) _____<br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |                               | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown   |  |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                               | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |  |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |                               | 20c. TIME OF INJURY Hour Month, Day, Year<br>a.m. p.m.   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                               | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  |
| 20f. CITY, TOWN, OR LOCATION  |                               | COUNTY STATE   |  |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____<br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.   |                               |  |  |
| 22a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title)   |                               | 22b. ADDRESS <u>152 Union Station</u>  |  |
| 22c. DATE SIGNED <u>8-16-63</u>   |                               |  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>   |                               | 23b. DATE <u>AUG. 18, 1963</u>   |  |
| 23c. NAME OF CEMETERY OR CREMATORY <u>BENNETT LANE CEMETERY</u>   |                               | 23d. LOCATION (City, town, or county) <u>SAVANNAH MISSOURI</u>   |  |
| 24. FUNERAL DIRECTOR <u>D.W. NEWCOMERS SONS, K.C. MO.</u>   |                               | 25. DATE RECD. BY LOCAL REG. <u>8-17-63</u>  |  |
| 26. REGISTRAR'S SIGNATURE <u>Bessie Smith</u>   |                               |  |  |

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*Verne Lawler*

Licensed Embalmer No. \_\_\_\_\_

*4915*

P. O. Address \_\_\_\_\_

*K. C. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.